TO: All Nursing Facility Providers

FROM: Cynthia B. Jones, Director
Department of Medical Assistance Services (DMAS)

MEMO: Special

DATE: 7/19/2016

SUBJECT: New Report for Nursing Facilities on eDocMgmt

The purpose of this memorandum is to inform all nursing facility providers that beginning 8/1/2016 the Department of Medical Assistance Services (DMAS) will begin posting a monthly enrollment report to Virginia Medicaid Web Portal's eDocMgmt listing the residents in their respective facility that are enrolled in the Commonwealth Coordinated Care (CCC) program. Providers may access this report to view their residents who are CCC enrolled members, including those with pending enrollment, residing in their respective facility as of the first day of the month. Additionally, as DMAS transitions to Managed Long-Term Services and Supports (MLTSS) the report will transition and capture MLTSS nursing facility enrollment.

For information regarding eDocMgmt to include how to access, how to set up an account or any other technical issues, go to the eDocMgmt Quick Links page at: https://www.virginiamedicaid.dmas.virginia.gov/wps/portal/ProvEdoc. The eDocMgmt User Guide, FAQs, Tutorial and two recorded training sessions can be found here. Additionally, this link may be accessed if technical issues are experienced with this report, eDocMgmt or Medicaid Management Information Systems (MMIS).

To navigate to this report please follow these steps:

1. Log-in to the MMIS web portal: https://www.virginiamedicaid.dmas.virginia.gov/wps/portal
2. Hover over the "eDoc" tab at the top of the page until the drop-down options appear and select "Document Search". Next click on "Detail Search".
3. On the "Document Search" page select/open the "File Folder" drop-down. Select the file titled "Reports PBDMAS".
4. Select/open the "Document Type" drop-down and select "Facility Enrolment File".
5. Next, select or enter the date in the "Document Date > Than" or "Document Date < Than" field and then click "Search". The "Document Date > Then" will return any reports after the date entered, the "Document Date < Than" will return any reports prior to the date entered.
6. Finally, the report(s) will appear at the bottom of the page. Click on the desired report to view and save.

The report will be provided as a .txt file. To convert the file to Excel, follow these steps:

1. Save the text file to a local drive or desktop.
2. Open Excel and press Ctrl+A on the keyboard OR click the grey square in the top left corner of the worksheet (just to the left of the column letter A).
3. Click on the "Data" tab at the top and select 'From Text' (third from the left). Navigate to the file saved in step (1) and double click the file. The Text Import Wizard will appear.
4. Select "Delimited" and click "Next". On the next screen select "Other" under "DELIMITERS' section. Enter the "~" symbol and click "Next". On last screen select the "Finish" button,
5. Select "OK" on the next "Import Data" pop up that displays. The data should now be loaded/formatted correctly. Save the new format if a copy of the file is wanted.
6. The .txt file automatically drops the leading zeros from the Member Medicaid ID so an ID that starts "0123..." will appear in this report as "123...". To add the zeros back, select/highlight the "Medicaid ID" column, open the "Number Format" drop down and select "Custom" ("More Options" may need to be selected first). Finally, in the field under "Type" enter "000000000000". This will format the ID with leading zeros where appropriate.

The file is sent as a .txt file and will contain the headers. A sample of the report is below:

Last Name	First Name	DOB	Medicaid ID	Health Plan	Helath Plan ID	Nursing Facility Name	Nursing Facility NPI	Begin Date	End Date	Status
Doe	Jane	9/7/1942	10000000000	Plan ABC	100000000	ABC HEALTH CARE CENTER	3000000001	9/1/2016	12/31/9999	P
Doe	John	9/8/1942	20000000000	Plan DEF	200000000	DEF REHAB CENTER	2000000001	7/1/2014	12/31/9999	A

Notice that the Begin Date for Jane is in the future indicating that her enrollment status is currently pending. As an enrollee transitions from CCC to MLTSS they will appear on this report twice; once for the CCC benefit and once for the MLTSS benefit. In these cases the CCC benefit line will have an End Date in the near future and a MLTSS benefit line with a Begin Date the day after the CCC End Date. See the example below:

First Name	DOB	Medicaid ID	Health Plan	Helath Plan ID	Nursing Facility Name	Nursing Facility NPI	Begin Date	End Date	Status
Jane	9/7/1942	10000000000	Plan CCC	100000000	ABC HEALTH CARE CENTER	3000000001	4/1/2016	12/31/2017	A
Jane	9/7/1942	10000000000	Plan MLTSS	200000000	ABC HEALTH CARE CENTER	3000000001	1/1/2018	12/31/9999	P

If it is found that a member or members are captured on this report but should not be, or a member or members that are not captured on this report but should be, please report the discrepancy through the CCC Inbox at: ccc@dmas.virginia.gov

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COMMONWEALTH COORDINATED CARE
Commonwealth Coordinated Care (CCC) is a managed care program that is coordinating care for thousands of Virginians who have both Medicare and Medicaid and meet certain eligibility requirements. Please visit the website at http://www.dmas.virginia.gov/Content_pgs/altc-home.aspx to learn more.

VIRGINIA MEDICAID WEB PORTAL
DMAS offers a web-based Internet option to access information regarding Medicaid or FAMIS member eligibility, claims status, payment status, service limits, service authorizations, and electronic copies of remittance advices. Providers must register through the Virginia Medicaid Web Portal in order to access this information. The Virginia Medicaid Web Portal can be accessed by going to: www.virginiamedicaid.dmas.virginia.gov. If you have any questions regarding the Virginia Medicaid Web Portal, please contact the Xerox State Healthcare Web Portal Support Help desk toll free, at 1-866-352-0496 from 8:00 a.m. to 5:00 p.m. Monday through Friday, except holidays. The MediCall audio response system provides similar information and can be accessed by calling 1-800-884-9730 or 1-800-772-9996. Both options are available at no cost to the provider.

"HELPLINE"

The "HELPLINE" is available to answer questions Monday through Friday from 8:00 a.m. to 5:00 p.m., except on holidays. The "HELPLINE" numbers are:

1-804-786-6273	Richmond area and out-of-state long distance
1-800-552-8627	All other areas (in-state, toll-free long distance)

Please remember that the "HELPLINE" is for provider use only. Please have your Medicaid Provider Identification Number available when you call.